

30 Day Trading Account Application

Please complete and e-mail this form to the email address below.

Send Trading Account Application to:

NATEX Measurement Solutions
Accounts Officer
accounts@natex.net.au

It is the responsibility of the applicant to ensure that information provided in this form is true and correct. Please ensure you have sufficient authority to make this application on behalf of your business. **False or omitted information may result in having your application and/or account cancelled.**

BUSINESS DETAILS

Legal Entity Name: _____

Business / Trading Name: _____

ABN No.: _____ **ACN No.:** _____

Entity Type: *(Please tick)*

- Sole Trader
- Partnership
- Private Limited Company (Pty Ltd)
- Public Limited Company (Plc)
- Government Agency
- Trust
- Other *(Please specify):*

Year Registered: _____

Country of Registration: _____

Registered Office Address: _____

Physical Office Address: _____

Accounts Contact Details: Phone: _____
.....

Email: _____
.....

DIRECTOR GUARANTEE

Director Name:	_____	Director name:	_____
Address:	_____	Address:	_____
Signature:	_____	Signature:	_____
Date:	_____	Date:	_____

INSURANCES

Do you hold a Public Liability Insurance Policy? (Please tick)

- Yes
- No

Name of Insurer:
.....

Policy Number:
.....

Expiry Date:
.....

Do you hold a Professional Indemnity Insurance Policy? (Please tick)

- Yes
- No

Name of Insurer:
.....

Policy Number:
.....

Expiry Date:
.....

TRADE REFERENCES

Reference 1:

Company Name: _____

Contact Details: Phone: _____

Email: _____

Address: _____

.....

Reference 2:

Company Name: _____

Contact Details: Phone: _____

.....

Email:

.....

Address:

.....

.....

Reference 3:

Company Name:

Contact Details:

Phone:

.....

Email:

.....

Address:

.....

.....

**CREDIT LIMIT
REQUESTED (\$):**

DECLARATION:

I/We being an authorised person of the Entity applying above; have read, understood and hereby agree to adhere to the Terms and Conditions of Purchase attached, and warrant that all the information provided is accurate and complete to the best of my knowledge and belief.

Entity Name:

Name of Signatory

Signature

Date
